



## Whitman Recreation 2016 Park Program Registration

One Form per Child

*Whitman Recreation is a Town sponsored department with programs offered to Whitman residents only.*

*Proof of residency will be required – driver's license, mail or other proof will be accepted.*

*For Whitman Residents that are enrolled in grades 1-6*

Child Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Last grade completed: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone# \_\_\_\_\_

### **No Refunds for cancellations.**

Items to Bring: Bag Lunch, Plenty of water, sunscreen, bathing suit and towel.

Program activities listed below

- |                |   |
|----------------|---|
| -Arts & Crafts | -One hour daily at Pool                 |
| -Sports        | -Music                                  |
| -Games         | -Skits                                  |
| -Contests      | -Field trips/specials events on Fridays |

### **9:00am- 2:00pm Drop off/pick up at Whitman Park**

(Inclement weather drop off/pick up at Town Hall)

### **Early Registration Special Save \$\$**

\$85.00 a week must register and pay Online for this special.

Special starts April 1 2016 ends on May 1 2016

Registrations completed after May 1 2016

\$99 per week (second child \$89 per week)

Register on line anytime or in person at the Recreation Office

### **Please check off week(s) to attend:**

**\* Payment in full is expected at sign up**

- |                         |                |                                |                              |
|-------------------------|----------------|--------------------------------|------------------------------|
| _____ Week 1 July 5-8   | <b>\$80.00</b> | ( 2 <sup>nd</sup> child \$70 ) | ( 4 days only for week one ) |
| _____ Week 2 July 11-15 | <b>\$99.00</b> | ( 2 <sup>nd</sup> child \$89 ) |                              |
| _____ Week 3 July 18-22 | <b>\$99.00</b> | ( 2 <sup>nd</sup> child \$89 ) |                              |
| _____ Week 4 July 25-29 | <b>\$99.00</b> | ( 2 <sup>nd</sup> child \$89 ) |                              |
| _____ Week 5 August 1-5 | <b>\$99.00</b> | ( 2 <sup>nd</sup> child \$89 ) |                              |

### **Checks Payable to Whitman Recreation**

Total Paid \_\_\_\_\_ Date \_\_\_\_\_

Register online at [www.whitman-ma.gov](http://www.whitman-ma.gov)

For more information please contact Whitman Recreation  
Email: [recreation@whitman-ma.gov](mailto:recreation@whitman-ma.gov) Call 781-618-9758

Are there any medical conditions our staff needs to be aware of? (Ie. Allergies, medications, emergency treatments, etc): \_\_\_\_\_

Restrictions on activities or dietary needs? \_\_\_\_\_

Any medication must be dispensed to the child prior to attendance. No medication will be dispensed to any child by our staff, except in the case of consented emergency treatments such as inhalers, EpiPen, etc. prescribed to the child by a physician; such medications must be provided to the Program Supervisor each day by the parent/guardian.

**I give permission for my child, \_\_\_\_\_, to participate in the activities conducted during the Park Program. I understand that I need to be available to contact during the hours of the program, in case of emergency. I also give permission for my child, \_\_\_\_\_, to be transported and treated at the nearest emergency care facility, in case of emergency.**

***I hereby release and forever discharge the Town of Whitman, Whitman Recreation Commission, its members, officers and instructors, their heirs, assigns and the Administrators from any and all actions, claims or damages whatsoever, both in law and equity, of account of, growing out of or resulting from all known personal injuries, conscious suffering or any damages from my/my child's participation or as a spectator.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
relationship to child

\_\_\_\_\_  
date